

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **43684**Registrar's No. **133**

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3056</b>		Registrar's No. <b>133</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <b>Randolph</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (in this place) <b>0883</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		<b>0883</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1416 Scott Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>1416 Scott Avenue</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Dora</b>		a. (First) <b>A.</b>		b. (Middle) <b>Prewitt</b>		c. (Last) <b>Prewitt</b>	
<b>5. SEX</b> <b>female</b>		<b>6. COLOR OR RACE</b> <b>white</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>widowed</b>		<b>8. DATE OF BIRTH</b> <b>1/27/1871</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>9. AGE</b> (In years last birthday) <b>79</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Macon County Missouri</b>	
<b>13a. FATHER'S NAME</b> <b>Houston</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>deceased</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Dabney Prewitt</b>		<b>ADDRESS</b> <b>Quincy, Ill.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b>			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cancer of Cervix</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 1/2 yr</b>			
<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>metastases to Pelvis</b>				<b>DUE TO (b)</b>			
<b>DUE TO (c)</b>				<b>171X</b>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>none</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min) <b>2</b>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <b>6/20, 1950</b> , to <b>12/28, 1950</b> , that I last saw the deceased alive on <b>12/29, 1950</b> , and that death occurred at <b>8:45 p.m.</b> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <b>M. Dreyer M.D.</b>				<b>23b. ADDRESS</b> <b>Huntsville Mo</b>		<b>23c. DATE SIGNED</b> <b>12/31/50</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>1/1/51</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Antioch</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>3 ml E of Moberly, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>1-1-51</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Frank Williams</b>		<b>EMERALD DIRECTOR'S SIGNATURE</b> <b>W. E. Miller</b>		<b>ADDRESS</b> <b>Moberly, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 8 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-77  
Date Filed: JAN 20 1951

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4267

P. O. Address Helena, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.